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**MAY 02 2007**

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28120 7590 02/09/2007

**FISH & NEAVE IP GROUP**  
**ROPES & GRAY LLP**  
**ONE INTERNATIONAL PLACE**  
**BOSTON, MA 02110-2624**

05/03/2007 HGUTEMAR 00000059 181945 10074789

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,789	02/12/2002	Todd R. Golub	WIBL-P02-518	8072

**TITLE OF INVENTION: METHODS FOR CLASSIFYING SAMPLES AND ASCERTAINING PREVIOUSLY UNKNOWN CLASSES**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Ginny Blundell	(Depositor's name)
<i>Ginny Blundell</i>	(Signature)
April 30, 2007	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/09/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MORAN, MARJORIE A		1631	702-019000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Fish & Neave, IP Group of Ropes & Gray LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Whitehead Institute for Biomedical Research, Cambridge, Massachusetts and

Dana-Farber Cancer Institute, Inc., Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

**4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*M. Rones*

Date 4-30-07

Typed or printed name Melissa S. Rones

Registration No. 54,408

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